

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>3/23/05</u>		2 Serial/Patent # <u>10/523409</u>	
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing <u>Fee Change</u>			\$ <u>100.00</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
7 TOTAL AMOUNT OF REFUND			\$ <u>100.00</u>
8 TO BE REFUNDED BY: <u>CC</u>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           10 REASON:  <input checked="" type="checkbox"/> Overpayment  <input type="checkbox"/> Duplicate Payment  <input type="checkbox"/> No Fee Due (Explanation):         </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Treasury Check  <input checked="" type="checkbox"/> Credit Deposit A/C #:  <div style="border: 1px solid black; padding: 2px; display: inline-block;">             19--4880           </div> </div> </div>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant/Examiner</u>	
SIGNATURE: <u>Rita White</u>		PHONE: <u>7/308-9140 ext. 231</u>	
OFFICE: <u>DO/EO</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: